

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines

12FE4M5

International Academy of Compounding Pharmacists PAC (COMP PAC)

ADDRESS (number and street)

4638 Riverstone Blvd

☐(Check if address  
is changed)

Missouri City

TX

77459

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐(Check if address  
is changed)

iacpinfo@iacprx.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address  
is changed)

n/a

2. DATE

M M  
0 4/ D D  
3 0/ Y Y Y Y  
2 0 0 9

3. FEC IDENTIFICATION NUMBER

C C00424143

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Rod Shafer

Signature of Treasurer

Electronically Filed by Rod Shafer

Date

M M  
0 5/ D D  
0 1/ Y Y Y Y  
2 0 0 9

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2009)